112 W. 2nd Street, Phoenix, OR 97535 • P.O. Box 330, Phoenix, OR 97535 • (541) 535-2050 • Fax (541) 535-5769

CITY OF PHOENIX
O • R • E • G • O • N

SPECIAL INSPECTION/PLACEMENT APPLICATION

S/P _____

FOR INSPECTIONS CALL: Pat – 800-384-8601

Description of Work: _____

Property Owner: _____ Property Address: _____

Applicant: _____ Phone: _____

Building Square Footage: _____ Building Height: _____

Number of Stories: _____ Type of Construction: _____

Set Backs: Front _____ Side _____ Side _____ Back _____

Current Use: _____ Intended Use: _____

Current Zoning: _____ Occupancy: _____

TOTAL FEE: $135.00

Special Conditions: _____

_____

_____

_____

***Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

I hereby certify the contents of this application to be correct to the best of my knowledge, and further, that I have read, understand, and agree to the following:

1. **Work *shall not* proceed past approved inspection stage.**
2. **All inspections *shall* be called in for 24 hours in advance.**
3. **Any modification in plans or work *shall* be reported in advance to the Building Department.**
4. **Responsibility for complying with *all* applicable federal, state, or local laws, ordinances, or regulations rests solely with the applicant.**

Approved for Issuance by: _____ Applicant's Name (please print): _____

Zoning Clearance: _____ Applicant's Signature: _____

Date: _____

****

FOR OFFICE USE ONLY

Amt. Pd $_____ Check: _____ Cash: _____ Receipt: _____ Initials: _____